

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/868163** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3				1			53						
4		1					54						
5				1			55						
6		1					56						
7				1			57						
8		1					58						
9				1			59						
10		1					60						
11				1			61						
12		1					62						
13				1			63						
14		1					64						
15				1			65						
16		1					66						
17				1			67						
18		1					68						
19	1						69						
20		1					70						
21	1						71						
22		1					72						
23		118					73						
24		118					74						
25		117					75						
26		117					76						
27		171					77						
28		117					78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.		118					TOTAL DEP.						
TOTAL CLAIMS	1	118					TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS